

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND			
1 Date of Request:		2 Serial/Patent # <u>10/518157</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
Amendment			\$
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Maintenance	NATIONAL DIVISION		\$
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		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
Duplicate Payment	<input checked="" type="checkbox"/>	9 <u>19--1013</u>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>T. Hillard</u>		TITLE: <u>Patent</u>	
SIGNATURE: <u>L. J. Hillard</u>		PHONE: _____	
OFFICE: <u>PCT</u>			
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APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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